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08/23/2004

Karl F. Milde, Jr., Esq.
 MILDE, HOFFBERG & MACKLIN, L.L.P.
 Suite 460
 10 Bank Street
 White Plains, NY 10606

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Juliann Gaddy

(Depositor's name)

(Signature)

November 4, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/625,043

07/23/2003

Walter Krenkel

GRIMM 226.1-KFM

1083

TITLE OF INVENTION: CALIBRATING BODY

11/10/2004 DENMANU2 00000150 500427 10625043

01 FC:1504

300.00 OP

02 FC:8001

30.00 OP

03 FC:2501

20.00 DA

665.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAMERON, ERMA C	1762	427-380000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DEUTSCHES ZENTRUM FUER LUFT-UND RAUMFAHRT E.V.

BONN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0427 (enclose an extra copy of this form).

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☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Karl F. Milde, Jr.

11/04/04

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